

<p align="center">ANNUAL FIRE PUMP SYSTEM INSPECTION / TEST REPORT</p>

RETURN COMPLETED FORM TO:

**MIAMI BEACH FIRE PREVENTION BUREAU
2300 PINETREE DRIVE
MIAMI BEACH, FLORIDA 33140
FAX: 305-673-1085**

ATTENTION: INSPECTOR _____

All fire pumps, drivers, controllers, devices and associated components located at the following address have been inspected and/or tested by a Licensed Contractor for proper operation as required by the adopted code/standards at the time of installation and are: (circle one below)

OPERATIONAL

NOT OPERATIONAL

NAME OF BUILDING:

ADDRESS OF BUILDING:

TYPE OF OCCUPANCY (SPECIFIC USE):

NAME OF OWNER OR AGENT:

ADDRESS OF OWNER OR AGENT:

OWNER OR AGENT TELEPHONE:

NAME OF CONTRACTOR:

ADDRESS OF CONTRACTOR:

CONTRACTOR TELEPHONE:

PERSON PERFORMING TEST:

SIGNATURE:

DATE OF INSPECTION/TEST:

REMARKS: _____

NOTE: If the system is operational a record shall be maintained and a tag or sticker shall be placed at the base of the system or fire pump room. The tag shall indicate the date, telephone number and name of the company performing the inspection and/or test.